## FORM (RF-3)

Change in Company's I	premium or	rate level	produced	by rate	revision
effective October 10, 2013					

 w	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Volume (Illinois)	
••	Passenger		
	Commercial	**************************************	
2	Automobile Physical Damag	10 April 10	
_	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial Property	4,733,516	+0.3 <sup>©</sup> /o
	Line of Insurance		
•	Does filing only apply to cert	ain territory (territories) or	certain
	Classes? If so,	,	
	specify: N/A		
	Brief description of filing. (If Organization, specify organization):	adopting ISO Property Ea	
	Complementing Earthquake Loss Cost	Revisions, CF-2005-REQRU	
	and CF-2006-REQ1, Our Commercial Prop		modification factors are also being revised.
	*Adjusted to reflect all prior r **Change in Company's prer	ate cnanges. nium level which will resu	It from application of new
	rates.	ACUITY, A Mutual	Insurance Company
			me of Company
		Regulatory Filing To	
			Official – Title

## FORM (RF-3)

Change in Company's premium or	rate level produced by rate revision
effective October 10, 2013	•

<b></b>	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger	·	
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		- AMALIAN PROPERTY OF THE PROP
9.	Fire		,
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Bis-Pak (BOP)	8,365,290	+1.2 %
	Line of Insurance		
·	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	
	Brief description of filing. (If f Organization, specify organization): Auto Liability (CB-7019). Also revising th	Revising the basic deviation fa	actor and premiums for Hired and Nonowned
	Coverage (CB-7207). The comprehensive and collisi		
	*Adjusted to reflect all prior ra **Change in Company's prem	ite changes.	
	rates.	ACHITY A Mutual	Insurance Company
			me of Company
		Regulatory Filing Te	, ,
	•		Official – Title

### SUMMARY SHEET

(	Change in Company's premium or rat	e level produced by rate revision effectiv	9/1/2013 New Business 11/1/2013 Renewal
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10. 11.	Extended Coverage Inland Marine		
11.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial	\$3,488,733	+2.7%
	Property	Ψ3,100,733	2.770
	Line of Insurance		<del></del>
Does fi No	ling only apply to certain territory (to	erritories) or certain classes? If so, specif	
In codesig	onjunction with our filing of Pagnation number IL-BKP-13R-0 is filing, we will be adopting to 1. This revision also includes on	s rates of an advisory organization, specifickage Modification Factor change 810, we are filing changes to our costs costs and territory factors refer changes to our minimum premium proposed in this filing is +2.7%.	es in company filing Commercial Property policy. enced in ISO filing CF-2011-
** Cł	ljusted to reflect all prior rate change nange in Company's premium level would be sult from application of new rates.		
	~	G. 1 CDCLI	
	Stacy	Stolen, CPCU, $ \begin{array}{ccccccccccccccccccccccccccccccccccc$	nerican Family Mutual
		Ile & / Idillimstration	urance Company

Official - Title

### FORM (RF-3)

Change in Company's premium or ra	ate level produced by rate revision
effective 12/01/2013	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private	voidino (minoro)	
•	Passenger		
	Commercial		
,	Automobile Physical Damag		
	Private Passenger		• .
	Commercial		
<b>.</b>	Liability Other Than Auto		
٠.	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Businessowners	\$9,340.00	5.695%
	Life of Insurance		
*	D films and a surface and		a a what is
	Does filing only apply to certa	iin terniory (terniories) or	<u>certain</u>
	Classes? If so,	se see Cover Letter.	
	specify: No, plea	ise see Cover Letter.	
	Brief description of filing. (If f Organization, specify organization):	iling follows rates of an a	dvisory
	<del></del>		
	*Adjusted to reflect all prior ra		
	**Change in Company's prem	_	
	rates.	Ansur Amo	erica Ins. Co.
		No	me of Company
		Glen Gerwatowski,	
			Official – Title
		,	Jindai - Tille

### FORM (RF-3)

	(1) erage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	iability Private		
Passenger			
Commercial			
	Physical Damag		
Private Pass	enger		
Commercial			
Liability Other			
Burglary and	Theft		
Glass			
Fidelity			
Surety			
Boiler and M	achinery		
Fire			
Extended Co	verage		
Inland Marine	)		
Homeowners	•		·
Commercial	Multi-Peril	·	
Crop Hail			
Other Commerce		1,708,296	13.4%
Life	of Insurance		
Does filing o	nly apply to certa	ni <u>n territory (territories) c</u>	or certain.
Classes? If	SO,		
specify:	No		
•	• ,	iling follows rates of an	advisory
Organization	•		
organization	•	We are increasing Loss C	cost Multipliers for coverages A to J and
Information on R	F-3 is estimated.		
*Adjusted to	reflect all prior ra	ate changes	
			ult from application of new
rates.	company o pron	idili lovo. Willon Will roo	at nom apphoans in them
, a.c.o.		Consolidate	d Insurance Company
			ame of Company
			Owens, Product Technician II
			Official Title

	(1)	(2)	(3)
	(1)	(2) Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
1.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
2	Liability Other Than Auto		
3.			
4.	Burglary and Theft		
5.	Glass		<u> </u>
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other Businessowners	\$25,772,198	0.7%
	Line of Insurance		
filin	g only apply to certain territory (territ	tories) or certain classes? If so, specify:	The revision applie
	tories.		
f desc th t	cription of filing. (If filing follows rate his filing, we are revi	tes of an advisory organization, specify of ising the minimum premium	organization): for contracto
		COUNTRY Mutual Insurance Co	Omnany
		Name of Company	Jiipairy
		Name of Company	
		Rechard a South	
		Richard A. Smith	
		_	

FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or ra	ate level produced by rate revision
effective 01/01/2014	

(1)	(2)	(3)
0	Annual Premium	Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag	9	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft	6,852	-9.32
Glass		
Fidelity	21,060	-9.32
Surety		
Boiler and Machinery		
Fire	364,557	-9.32
Extended Coverage		
Inland Marine	77,326	-9.32
Homeowners		- A
Commercial Multi-Peril		
Crop Hail		
Other Allied	608,381	-9.32
Life of Insurance		
Describing only apply to see	etain tarritan, (tarritarias) ar	contain
Does filing only apply to cer Classes? If so,	tain ternory (ternories) of	Certain
•		
specify: No		
Brief description of filing. (I	f filing follows rates of an a	advison.
Organization, specify	I filling follows rates of arra	la visor y
organization):	Rate Filing	
organization).	rate i mig	
*Adjusted to reflect all prior	rate changes.	
**Change in Company's pre		lt from application of nev
rates.		
	Federated Rural E	lectric Insurance Exchange

Chant Sent - Actuarial Assistant

Official - Title

Form (RF-3)

### ILLINOIS DEPARTMENT OF INSURANCE

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		•
Private Passenger Commercial		
Liability Other Than Auto		-
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
). Fire		
I0. Extended Coverage		· · · · · · · · · · · · · · · · · · ·
I1. Inland Marine		
13. Commercial Multi-Peril	<del>-</del>	
4. Crop Hail		
5. Other General Liability	\$212,560	-12.3%
Line of Insurance		
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, spec	ify: No
Brief description of filing. (If filing follows rat	es of an advisory organization, specify	v organization): Adopting ISO circulars
mer description of ming. (if ming follows rate	es of all advisory organization, specify	organization). Adopting 130 circulars
Adjusted to reflect all prior rate changes.		
*Change in Company's premium level whic	h will result from application of new ra	tes.
	Impe	rium Insurance Company
		Name of Company
•		
		162400
	· · · · · · · · · · · · · · · · · · ·	W X ~ TITULE ~

### FORM (RF-3)

Change in Company's p	premium or rate	level produced b	y rate revision
effective 01/01/2014	•		•

- ~	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Volume (minors)	Change (+01-)
٠.	Passenger		
	Commercial		
2	Automobile Physical Damag		
_	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
 8.	Boiler and Machinery	**************************************	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Personal/Farm Umbrella	237,291	2.8%
	Life of Insurance	201,201	2.070
*			
	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,		-
	specify: This app	olies to all territories.	
	Brief description of filing. (If fi Organization, specify organization): minimum premiums.	<del>, ,</del>	dvisory e, higher liability limit factors, and
	*Adjusted to reflect all prior ra **Change in Company's prem rates.		t from application of new
		IMT Insurance Con	npany
•			ne of Company
		Jon Clement - Com	
			Official - Title

## FORM (RF-3)

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag	3	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Commercial Farm	1,136,876	13.6%
Life of Insurance		
Does filing only apply to cer Classes? If so, specify: No	tain-territory-(territories) or	eertain
Brief description of filing. (I	f filing follows rates of an ac	tvisorv
Organization, specify	i iiiiig rollowo ratoo or arr at	3 V 10 0 7 y
organization):	We are increasing Loss Cos	t Multipliers for coverages A to J an
Information on RF-3 is estimated.		
*Adjusted to reflect all prior	rate changes.	
**Change in Company's pre rates.	•	t from application of new
	Indiana Insura	ance Company
		ne of Company
		wens, Product Technician II
		Minial Title

#### Form (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective <u>October 1, 2013.</u>

(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
A A		
1 Automobile Liability		
Private Passenger		
Commercial		
2 Automobile Physical Damage		
Private Passenger		
Commercial		
3 Liability Other Than Auto		
4 Burgulary and Theft		
5 Glass		<u></u>
6 Fidelity		
7 Surety		
8 Boiler and Machinery		
9 Fire		
10 Extended Coverage		
11 Inland Marine		<del> </del>
12 Homeowners		
13 Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
14 Crop Hail		
15 Worker's Compensation		
16 Other - Farmowners	1,440,000	3%
Line of Insurance	1,440,000	
Elife of modratice		
Does filing only apply to certain territory (territories)	or certain classes?	
If so, specify:		
Brief description of filing. (if filing follows rates of an	=	
organization, specify organization):	Increase policy fee from \$3	0 to \$40 for all
territories. Increase Class A,B,C and Preferred MH by 30% in t	erritory 2	
Adjusted to reflect all prior rate changes		
•		
Change in Company's premium level which will		
result from application of new rates.		
	Tricia Mickley - Mt Car	rroll Mutual
	Name of	
	Sec-Treas	···· <b>-···· /</b>
	· · · <del>-</del>	

Official - Title

FORM (RF-3)

	Change in Company's premium or rate level produced by rate revision effective 11-1-2013 NB, 1-1-2014 RB.		
-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2	Automobile Physical Damag Private Passenger Commercial		•
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
13. 14.			
1 <del>4</del> . 15.	Crop Hail	100.000	
	Other commercial Farm Life of Insurance	400,870	13.7%
	Does filing only apply to certai Classes? If so, specify: No	n territory (te <u>rritories) or</u>	certain
	specify.	***************************************	
	Brief description of filing. (If fil Organization, specify	ing follows rates of an ac	dvisory
	organization):	We are increasing Loss Cost	t Multipliers for coverages A to J and IM.
	Information on RF-3 is estimated.		
	*Adjusted to reflect all prior rat **Change in Company's premi rates.		t from application of new
		Peerless insu	rance Company
			ne of Company
			vens, Product Technician II
			Official – Title